

Exhibit E

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202136004749

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given)		2 MIDDLE	
HECTOR		JAVIER	
3 LAST (Family)		PUGA	
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs	
01/17/1989		32	
6 SEX		7 UNDER 1 YEAR	
M		Days	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
CA		UNK	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS/PROX (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		NEVER MARRIED	
13 EDUCATION—Highest Level/Degree		14 DATE OF DEATH mm/dd/yyyy	
HS GRADUATE <input checked="" type="checkbox"/> IS LATINO <input type="checkbox"/> NO		02/17/2021	
15 USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		16 DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)	
FORK LIFT DRIVER		MEXICAN	
17 USUAL BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18 YEARS IN OCCUPATION	
UNK		1	
20 DECEDENT'S RESIDENCE (Street and number, or locality)			
8609 CEDAR STREET			
21 CITY		22 COUNTY/PROVINCE	
BELLFLOWER		LOS ANGELES	
23 ZIP CODE		24 YEARS IN COUNTY	
90706		30	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME, RELATIONSHIP	
CA		ANTONIA SALAS UBALDO, MOTHER	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28 NAME OF SURVIVING SPOUSE/PROX—FIRST	
8609 CEDAR STREET, BELLFLOWER, CA 90706		29 MIDDLE	
30 LAST (BIRTH NAME)		31 NAME OF FATHER/PARENT—FIRST	
-		HECTOR	
32 MIDDLE		33 LAST	
JAVIER		PUGA	
34 BIRTH STATE		35 NAME OF MOTHER/PARENT—FIRST	
MEXICO		ANTONIA	
36 MIDDLE		37 LAST (BIRTH NAME)	
-		SALAS UBALDO	
38 BIRTH STATE		39 DISPOSITION DATE mm/dd/yyyy	
MEXICO		03/19/2021	
40 PLACE OF FINAL DISPOSITION		41 TYPE OF DISPOSITION(S)	
ALL SOULS CATHOLIC CEMETERY		BU	
4400 CHERRY AVE, LONG BEACH, CA 90807		42 SIGNATURE OF EMBALMER	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
EMB8845		DESTINY FUNERAL HOME & CREMATORY, INC.	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD2301		MICHAEL A SEQUEIRA, MD	
47 DATE mm/dd/yyyy		48 DATE mm/dd/yyyy	
03/19/2021		03/19/2021	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
CITY STREET		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality)	
SAN BERNARDINO		PEACH AVE. N/O CATALPA ST.	
106 CITY		107 CAUSE OF DEATH	
HESPERIA		(a) IMMEDIATE CAUSE (Final disease or condition resulting in death) → GUNSHOT WOUND OF THE BACK	
108 DEATH REPORTED TO CORONER?		(b) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON LINE A. ENTER UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(c) 109 BIOPSY PERFORMED?	
MINS 702103493		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED?		111 USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		NO	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115 SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		116 LICENSE NUMBER 117 DATE mm/dd/yyyy	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119 I CERTIFY THAT TO THE BEST OF MY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?	
MAJORITY OF DEATH—Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown or Determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE mm/dd/yyyy		122 HOUR (24 Hours)	
02/17/2021		0348	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
CITY STREET			
124 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
SHOT DURING LAW ENFORCEMENT ENCOUNTER			
125 LOCATION OF INJURY (Street and number, or locality, and city, and zip)			
PEACH AVE. N/O CATALPA ST. HESPERIA, CA 92345			
126 SIGNATURE OF CORONER / DEPUTY CORONER			
STEVEN PENNINGTON			
127 DATE mm/dd/yyyy			
03/18/2021			
128 TYPE NAME, TITLE OF CORONER: DEPUTY CORONER			
STEVEN PENNINGTON, DEP CORONER			
STATE REGISTRAR		CENSUS TRACT	
A B C D E		FAX AUTH.#	
010001004901314			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

APR 06 2021

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PBNC0 (Rev) 08/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE